

09/675,976

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Keith Shippy et al.

Application No.: 09/675,976

Docket No.: 042390.P7957

Filed: Sep. 29, 2000

For: **SYSTEM AND METHOD FOR SAFEGUARDING
DATA BETWEEN A DEVICE DRIVER AND A DEVICE**

Examiner: Jacob Lipman

Art Unit: 2134

VIA FAX (703) 872-9306

**AMENDMENT AND RESPONSE AND PETITION FOR
ONE MONTH EXTENSION OF TIME**

Mail Stop After Final
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicant for the above-identified application respectfully petitions the Commissioner for a one (1) month extension of time, extending the period for response to April 7, 2005, from the Office Action dated Dec. 7, 2004. Please charge the petition filing fee of \$120.00 to Deposit Account No. 02-2666.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

In response to the Office Action mailed on Dec. 7, 2004, please reconsider the pending claims based on the following amendment.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.	
By: <u>Anne Collette</u> Anne Collette	Date: <u>April 6, 2005</u>

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SUNNYVALE, CALIFORNIA 94085
(408) 720-8300 (Telephone)
(408) 720-8383 (Facsimile)

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FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner Jacob Lipman, Art Unit 2134
Firm Name: U.S. Patent & Trademark Office
Fax Number: 703-872-9306
From: John P. Ward Operator: Anne Collette
Date: April 6, 2005
App. No.: 09/675,976
No. of pages: 19 (including cover sheet)
Client/Matter: 042390.P7957 Docket Date: 4/7/2005 Atty: JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Fee Transmittal (1 page)
- 2) Response to Office Action (17 pages)

Thank you.

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By: <u>Anne Collette</u> Anne Collette	Date: <u>April 6, 2005</u>

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**120.00****Complete if Known**

Application Number	09/675,976
Filing Date	September 29, 2000
First Named Inventor	Jacob Lipman
Examiner Name	Keith Shippy
Art Unit	2134
Attorney Docket No.	042390.P7957

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

1) Extension for response within first month (Fee Code 1251) **Fees Paid (\$)**

_____ **120.00**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,216	Telephone 408-420-8300
Name (Print/Type)	John Patrick Ward		Date April 6, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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